

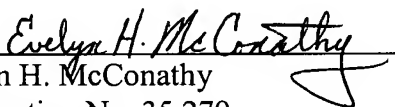
- 4) elect therapeutic composition encapsulants, more specifically doxorubicin.

Applicants' Response is timely filed with a Request for a 1-month Extension of Time and the associated fee provided by check. No other fee is believed to be due, but should additional fees be due, please charge the fees to Deposit Account No. 50-2424.

Should the Examiner have any questions or comments regarding Applicants' amendments or response, he is asked to contact Applicants' undersigned representative at (215) 772-7550. Please direct all correspondence to the below-listed address.

Respectfully submitted,

Date: October 26, 2007

  
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